



4675 MacArthur Court #500, Newport Beach, CA 92660  
(949) 752-1282 \* Fax (949) 752-0301



# EMPLOYMENT APPLICATION

ONLY FULLY COMPLETED APPLICATIONS WILL BE ACCEPTED

## PERSONAL INFORMATION (Please Print)

Date: \_\_\_\_\_

\_\_\_\_\_  
Name (Last, First & Middle initial)      (\_\_\_\_\_) \_\_\_\_\_      (\_\_\_\_\_) \_\_\_\_\_  
Home Telephone      Cell Telephone

\_\_\_\_\_  
Street Address      \_\_\_\_\_      \_\_\_\_\_  
Date of Birth      Email Address

\_\_\_\_\_  
City      State      Zip      Pay Desired       Full Time  
 Part Time

\_\_\_\_\_  
What hours / days are you available?      Are your work hours flexible?      Date available to begin work?

\_\_\_\_\_  
Have you applied for a position with us before?      Have you worked for us before?  
If Yes, which site? Dates?      What position are you applying for?

## EDUCATION

\_\_\_\_\_  
High School (name and location)      Course of Study      No. of years      Did you graduate?  
graduate?

\_\_\_\_\_  
College (name and location)      Course of Study      No. of years      Did you graduate?

\_\_\_\_\_  
Business or Trade school (name and location)      Course of Study      No. of years      Did you graduate?

**Membership in professional or Civic Organization or any special skills that may be significant to the job.** (exclude those which may disclose your race, color, religion or national origin)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No If yes, give details: \_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT** - Please list your job history for the past 10 years (or last 4 employers). Start with your present status and note any periods in which you were not employed. This portion MUST be completed, even if attaching a resume.

Do you have any objections to our contacting your present employer to verify the following information?

Yes  No

1.	_____	( )
	Company Name	Telephone (must fill in)
	_____	From: _____ To: _____
	Address	Employed (state Month & Year)
	_____	Start: _____ End: _____
	Name of Supervisor	Pay (monthly/hourly)
	_____	_____
	Job Title & Describe Duties	Reason For Leaving
2.	_____	( )
	Company Name	Telephone (must fill in)
	_____	From: _____ To: _____
	Address	Employed (state Month & Year)
	_____	Start: _____ End: _____
	Name of Supervisor	Pay (monthly/hourly)
	_____	_____
	Job Title & Describe Duties	Reason For Leaving
3.	_____	( )
	Company Name	Telephone (must fill in)
	_____	From: _____ To: _____
	Address	Employed (state Month & Year)
	_____	Start: _____ End: _____
	Name of Supervisor	Pay (monthly/hourly)
	_____	_____
	Job Title & Describe Duties	Reason For Leaving
4.	_____	( )
	Company Name	Telephone (must fill in)
	_____	From: _____ To: _____
	Address	Employed (state Month & Year)
	_____	Start: _____ End: _____
	Name of Supervisor	Pay (monthly/hourly)
	_____	_____
	Job Title & Describe Duties	Reason For Leaving

**MILITARY:** Did you serve in the US Armed Forces?  Yes  No If yes, what branch & rank? \_\_\_\_\_

Describe training received relevant to the position for which you are applying. \_\_\_\_\_

\_\_\_\_\_

1. Why are you applying for a position with Dahn Corporation? \_\_\_\_\_  
\_\_\_\_\_
2. Briefly describe your concept of a perfect job. \_\_\_\_\_  
\_\_\_\_\_
3. What are your objectives and ambitions? \_\_\_\_\_  
\_\_\_\_\_
4. What are your strengths? \_\_\_\_\_  
\_\_\_\_\_
5. What are your weaknesses? \_\_\_\_\_  
\_\_\_\_\_
6. Why should you be hired as a member of Dahn Corporation? \_\_\_\_\_  
\_\_\_\_\_
7. Are you related to any current or former Dahn Corporation employee? \_\_\_\_ If so, please provide their name  
\_\_\_\_\_

**PLEASE READ CAREFULLY AND SIGN**

I authorize investigation of all persons, education and employment contained in this application. In consideration of my employment, I agree to conform to the rules and regulations of Dahn Corporation and understand my employment and compensation can be terminated with or without cause, and without notice, at any time, at the option of Dahn Corporation. I understand that no one other than an officer of Dahn Corporation has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the employment-at-will agreement contained in the Employment Application and that, to be effective, any such agreement for employment for a specified period of time must be in writing and signed by both the employee and the officer of Dahn Corporation.

**I understand and agree that:**

The information that I have provided is accurate to the best of my knowledge and subject to verification by Dahn Corporation. I authorize Dahn Corporation to utilize a credit information service to verify social security number and credit history.

A material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of employment or if employed, termination by Dahn Corporation.

Although Dahn Corporation makes every effort to accommodate individual preferences, the following may be mandatory at times: extra hours, a flexible work schedule of any seven days and working at multiple sites. I understand and accept these conditions of my continuing employment.

I understand that my employment is contingent upon completion of a pre-placement drug and alcohol screen, if requested and will be paid by Dahn Corporation.

By signing below, I have been informed and understand that telephone conversations, including but not limited to telephone evaluations, will be recorded from time to time by Dahn Corporation and/or its agents for the purpose of evaluating, training and documenting phone conversations. I hereby consent to the electronic recording of all telephone conversations for this purpose.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## Candidate Release Authorization

- I. In connection with my application for employment or continued employment at **Dahn Corporation** (the Company), I understand that a consumer report and/or an investigative consumer report will be ordered that may include information as to my character, general reputation, personal characteristics, mode of living, work habits, performance, and experience, along with reasons for termination of past employment. I understand that in compliance with applicable law and as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about, but not limited to, my: workers' compensation injuries, driving record, court record, education, credentials, credit, and references. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.
- II. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a Consumer Reporting Agency. If so, I will be notified and given the name and address of the agency or the source that provided the information.
- III. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Labor.
- IV. Massachusetts, Minnesota, Oklahoma, New York, Maine, Washington, New Jersey and California applicants only: if you want a free copy of the report(s) ordered, check this box . The report(s) will be sent to you by the consumer reporting agency listed here. The reports will be processed by: ADP Screening and Selection Services, 301 Remington Street, Fort Collins, Colorado 80524. See attached Candidate Disclosure / Authorization Form for other notices.
- V. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by **Dahn Corporation** (the Company) or its agent, to furnish the information described in Section I.
- VI. I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer to **Dahn Corporation**. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released by my previous employer, is limited to the following DOT-regulated items: alcohol tests with a result of 0.04 or higher, verified positive drug tests, refusals to be tested, other violations of DOT agency drug and alcohol testing regulations, information obtained from previous employers of a drug and alcohol rule violation and any documentation of completion of the return-to-duty process following a rule violation.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.

Please print your full name

LAST	FIRST	MIDDLE

Please print other names you have used

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Home Address

City	State	Zip Code

Social Security Number

Date of Birth (FOR IDENTIFICATION PURPOSES ONLY)

The following states require sex and race to obtain information: AL, AR, FL, GA, IA, IL, IN, MI, OR, SC, TX, WI

Sex  Male  Female Race:  Asian  Black/African American  Hispanic/Latino  White  Other

Driver's License Number

State Issuing License	Name as it appears on license

I PROMISE THE INFORMATION THAT I PROVIDED ON THIS FORM IS TRUE AND CORRECT. I UNDERSTAND THAT DISHONESTY WILL DISQUALIFY ME FROM CONSIDERATION FOR EMPLOYMENT, OR IF I AM HIRED OR ALREADY WORK FOR THE COMPANY, THAT I MAY BE FIRED.

**Signature**

**Today's Date**



**Candidate Disclosure / Authorization  
Regarding Procurement of Consumer Reports**

Dahn Corporation (the "Company") will order a consumer report and/or investigative consumer report ("background check report") on you in connection with your application for employment, or if you are already hired, or if you already work for the Company, we may order additional background check reports on you for employment purposes without obtaining additional consent, where permissible by law. The consumer reporting agency ("Consumer Reporting Agency") that will prepare the report is ADP Screening and Selection Services, 301 Remington Street, Fort Collins, Colorado 80524, telephone 800-367-5933. In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to your potential employment or employment, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the law.

You have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested. Such disclosure will be made to you within 5 days of the date on which we receive the request from you or within 5 days of the time the report was first requested, whichever is the later. To receive this information or to inspect any files concerning such a report or to determine if a report has been requested, you may contact the Company or the Consumer Reporting Agency.

The Fair Credit Reporting Act and certain state laws give you specific rights in dealing with consumer reporting agencies. You will find these rights in the attached documents.

Please be advised that we may also obtain an investigative consumer report including information as to your character, general reputation, personal characteristics, and mode of living. By your signature below, you hereby authorize us to order consumer and/or investigative consumer reports including, but not limited to, the following information: social security number validation; criminal, public, educational and, as appropriate, driving records; employment history and earnings history; military service; credit reports, licensing and certification checks, and drug testing results. The information may be obtained from private and public repositories of information, and can be disclosed to the processing agency below and its agents.

I agree that a facsimile or photocopy of this form is valid just like the original form.

This report will be processed by:  
ADP Screening and Selection Services  
301 Remington Street  
Fort Collins, Colorado 80524  
800-367-5933

Applicant's Name: \_\_\_\_\_  
(Please Print)

Applicant's Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Signature: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

For Identification Purposes Only: Date of Birth: \_\_\_\_\_

**For residents of, or for jobs located in, California, Minnesota, Massachusetts, New York and Oklahoma:** You may request a free copy of any background check report by checking the box below.

I request a free copy of the report.

## STATE LAW NOTICES:

If you live in, or are seeking work for the Company in California, Maine, Massachusetts, N.Y. or Washington State, note:

**CALIFORNIA:** You may view the file that the Consumer Reporting Agency has for you, and order a copy of the file, upon submitting proper identification and paying copying costs, by going to the Consumer Reporting Agency's offices, during normal business hours and on reasonable notice, or by mail. You may also ask for a file summary by telephone. The Consumer Reporting Agency can answer questions about information in your file, including any coded information. If you go in person, another person can come with you, so long as that person can show proper identification.

**MAINE:** If you ask us, you have the right to know whether the Company ordered a background check report on you. You may request the name, address and telephone number of the nearest office for the Consumer Reporting Agency. We will send this information to you within five business days of our receipt of your request. You have the right to ask the Consumer Reporting Agency for the report.

**MASSACHUSETTS:** If you ask, you have the right to a copy of any background check report concerning you that the Company has ordered. You may contact the Consumer Reporting Agency for a copy.

**NEW YORK:** If you submit a written request, you have the right to know whether the Company ordered a background check on you from the Consumer Reporting Agency. You may inspect and order a copy of the report by contacting the Consumer Reporting Agency.

**WASHINGTON STATE:** You have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of any "investigative" consumer report we may have requested. You also have the right to request from the Consumer Reporting Agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act. If the Company obtains information bearing on your credit worthiness, credit standing or credit capacity, it will be used to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered.

*Para informacion en espanol, visite [www.ftc.gov/credit](http://www.ftc.gov/credit) o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, DC 20580.*

## **A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, DC 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - A person has taken adverse action against you because of information in your credit report;
  - You are the victim of identify theft and place a fraud alert in your file;
  - Your file contains inaccurate information as a result of fraud;
  - You are on public assistance;
  - You are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.



- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need - usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.ftc.gov/credit](http://www.ftc.gov/credit).
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit).

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	<b>Federal Trade Commission: Consumer Response Center - FCRA</b> Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	<b>Office of the Comptroller of the Currency</b> Compliance Management Mail Stop 6-6 Washington, DC 20219 1-800-613-6743
Federal Reserve System member banks (except national banks and federal branches/agencies of foreign banks)	<b>Federal Reserve Board</b> <b>Division of Consumer &amp; Community Affairs</b> Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	<b>Office of Thrift Supervision</b> Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	<b>National Credit Union Administration</b> 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	<b>Federal Deposit Insurance Corporation</b> Consumer Response Center 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	<b>Department of Transportation</b> Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act of 1921	<b>Department of Agriculture</b> Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051